MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH **■ 863-037952** WELFARE XC-708 926 SL 31891 Primary Registration District No. Registration District No. Registrar's No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before 1. PLACE OF DEATH a. COUNTY VS 300 a. STATE Missouri b. COUNTY admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) c. CITY Length of stay in 1b Inside Limits weeks TOWN St. Louis TOWN St. Louis Yes DX No [7] c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Ferm w HOSPITAL OR 5463 Delmar-Apt. 101 INSTITUTION VET. ADM. HOSPITAL Yes ST No | Yes No Dx 2 3. NAME OF DECEASED Middle Last 4. DATE Year (Type or print) 1963 JAMES Μ. NA VIJIVIUO DEATH September IJι 7. Married A Never Married 9. AGE (lost birthday) IF UNDER 1 YEAR IF UNDER 24 HR B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE Months Days Widowed Divorced [] 1,**29**)/89 White Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY State Tax Collector State Business St. Louis, Mo. USA FOLLO 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME Bertha G. Quinlivan Katherine Barrett Patrick Quinlivan 16 SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Bertha G. Quinlivan (Wife),5463 DelmarsAve (Yes, no, or unknown) (If yes, give war or dates of Yes WW-1 ₹ St. Louis, Mo. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: ⋖ 10 IMMEDIATE CAUSE (a) Myocardial Infarction ew minutes RECORD OCUM 11 EAD Conditions, if any, DUE TO (b) which gave rise to THIS NST above cause (a). stating the under-13 DUE TO (c) lying cause last. Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased Was female there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS □ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED YES NO В MEDICAL 20c. TIME OF Month, Day, Year Houl RIBBON INJURY a.m. p.m. BLACK INK 20f. CITY, TOWN, OR LOCATION 20e. PLACE OF INJURY (e.g., in or about home, 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK *IYPEWRITER* REAL and last saw him alive on. 21. # attended the deceased from. 5:30 P.M. um on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred at 22c. DATE SIGNED 22b. ADDRESS (Degree or title) b 22a. SIGNATUM 9/14/63 VAH, ST. LOUIS, MO. M. D. 23d. LOCATION (City, town, or county) (State) 23c, NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE BY-AFFIDA Missouri St. Louis. o Z Calvary Cemetery REMOVAL Specify) 9-18-1963 25. DATE RECD. BY LOCAL REG. 26. RECASTRAR'S GIGNATURE TEM 24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc, 2161 E. Fair Ave. St. Louis, Missouri 63107

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT - RY LICENSED EMBALMED

or by		, Student Embalmer No
vorking unde	r my personal supervision.	0.00
Student		Signed When K Whow
	Signature of Student Embalmer	
		Licensed Embalmer No.
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If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.